

APPLICATION FORM



ELI ENGLISH LANGUAGE INSTITUTE

PERSONAL INFORMATION

Booking Agent Name: _____

Student First Name/s: _____

Student Family Name: _____

Gender: Male Female Nationality: _____

Passport number: _____

Date of Birth: (DD/MM/YY) ____/____/____ Language: _____

Full home address: _____

City: _____ Country: _____

Mobile Number: _____ Email: _____

COURSE BOOKING

School Location: ELI Dublin ELI Drogheda ELI Limerick

Course Choice: General English 15 Hours Experience Ireland 15 Academic Year - Global Work and Study
 Extended English 20 Hours Experience Ireland 20 European Work and Study Program

Study Period Morning Afternoon

Start date: ____/____/____ End date: ____/____/____ Total weeks: _____

ACCOMMODATION BOOKING

ELI Residence: Shared room Single room Host Family: Shared room Single room

Start date: ____/____/____ End date: ____/____/____ Total weeks: _____

ELI Schools will do our best to find the best host family for you. Do you have any preferences?

Do you like children? Yes No Do you like pets? Yes No

Do you smoke? Yes No Anything else? _____

Do you have a medical condition now or previously we should be informed of? Do you have a special diet?

Name of the condition: _____

Medication taken: _____

Special diet: _____

TRAVEL DETAILS

Date of arrival: ____/____/____ Flight arrival time: _____

Flight number: _____ Airline: _____

Date of departure: ____/____/____ Time of departure: _____

Do you require an airport transfer? Obligatory for students aged 17 and under travelling without an adult.

Airport Transfer Booking: Arrival transfer Departure Transfer

BOOKING AGREEMENT

I have read, understand and accept all application and payment terms and conditions outlined above and the **ELI Schools** brochure and/or website and agree to be bound therein. Agreement for all parent/guardians or legal representatives of students aged under 18 I am the parent or legal guardian of the above (minor) applicant. I have read, understand and accept all application and payment terms and conditions outlined above and the **ELI Schools** brochure and agree to be bound therein.

PHOTO / VIDEO CONSENT FORM

We would be grateful if you would fill in this form to give **ELI Schools** permission to take photos of you / your child as they take part in programme activities and use these in our promotional material. I, the undersigned grant permission for **ELI Schools** to take photographs and video of me / my child for use in their marketing of **ELI Schools Programmes**. This might include but is not limited to, the right to use them in their printed and online publicity and social media.

I agree

Name: _____ Signature: _____ Date: ____/____/____